
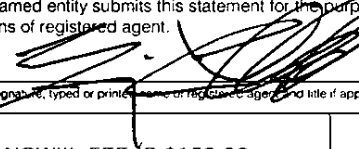
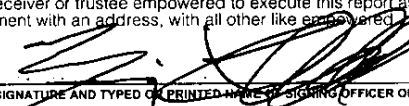


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90056 040 \*\*\*150.00

<b>DOCUMENT # 398413</b> 1. Entity Name <b>GRAN AUTO CENTRO, INC.</b>			
Principal Place of Business <b>2351 WEST FLAGLER STREET</b> <b>MIAMI, FL 33135</b>		Mailing Address <b>2351 WEST FLAGLER STREET</b> <b>MIAMI, FL 33135</b>	
2. Principal Place of Business - No P.O. Box # <b>3047 S.W. 38 COURT</b>		3. Mailing Address <b>3047 SW 38 COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33146</b>		Zip <b>33146</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1485675</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VIDAL, SERGIO C</b> <b>2351 W. FLAGLER STREET</b> <b>MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name <b>VIDAL SERGIO C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3047 S.W. 38 COURT.</b>  City <b>MIAMI</b> FL <b>33146</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <b>SERGIO C. VIDAL</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/6/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALADO, MANUEL 1633 NW 27TH AVE. MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIDAL, SERGIO C 2351 W FLAGLER ST MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIDAL SERGIO C. 3047 SW 38 COURT MIAMI FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.			
SIGNATURE:  <b>SERGIO C. VIDAL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/6/08</b> Daytime Phone # <b>305 642 5555</b>	